

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>10711</u> <u>10711</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 1 / 2004
3. Name and address of person filing. Name John A Boardman P.O. Box, Bldg., Room No., if any Street 1723 Shepherd St., N.W. City Washington State District of Columbia ZIP Code + 4 20011	4. Name, file number, and address of labor organization. Name Hotel & Restaurant Employees, Local 25 Labor Organization File Number P.O. Box, Building and Room Number, if any Suite 700 Street 1003 K St., N.W. City Washington State District of Columbia ZIP Code + 4 20001
5. Position in labor organization. Executive Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Group Dental Services, Inc</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 111 Rockville Pike</p> <p>City Rockville</p> <p>State Maryland ZIP Code + 4 20850</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hotel & Restaurant Employees Local 25 and</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10626 York Road</p> <p>City Cockeysville</p> <p>State Maryland ZIP Code + 4 21030</p>	<p>11.a. Nature of such dealing.</p> <p>Provides dental services</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$2,100,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Dinner</p> <p>Holiday fruit basket</p> <hr/> <p>12.b. Amount. \$130</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank of New York</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 15 Union Square</p> <p>City New York</p> <p>State New York ZIP Code + 4 10003</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hotel and Restaurant Employees Local 25 and</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10626 York Road</p> <p>City Cockeysville</p> <p>State Maryland ZIP Code + 4 21030</p>	<p>11.a. Nature of such dealing.</p> <p>Provides banking and investment services</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$35,000,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Fleece Blanket</p> <hr/> <p>12.b. Amount. \$38</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Reagan Associates</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 300</p> <p>Street 1003 K St., N.W.</p> <p>City Washington</p> <p>State Maryland ZIP Code + 4 20001</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hotel and Restaurant Employees Local 25 and</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10626 York Road</p> <p>City Cockeysville</p> <p>State Maryland ZIP Code + 4 21030</p>	<p>11.a. Nature of such dealing.</p> <p>Provides collectively bargained legal services</p>
	<p>11.b. Approximate dollar value of such dealing. \$1,100,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Holiday Gift Certificate</p> <p>12.b. Amount. \$25</p>

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8. Name and address of Business (including trade name, if any).

Name Kaiser Permanente Mid-Atlantic Region

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2101 E. Jefferson Street

City Rockville

State Maryland ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides health services

11.b. Approximate dollar value of such dealing. \$35,000,000

12.a. Nature of interest held or income received.

Holiday Fruit Basket

12.b. Amount. \$40

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Law Offices of Paul Strauss</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 601 Pennsylvania Ave., N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20004</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>												
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<table border="1"> <tr> <td colspan="2">11.a. Nature of such dealing.</td> </tr> <tr> <td colspan="2">Provides legal services</td> </tr> <tr> <td>11.b. Approximate dollar value of such dealing.</td> <td>\$30,000</td> </tr> <tr> <td colspan="2">12.a. Nature of interest held or income received.</td> </tr> <tr> <td colspan="2">Paper weight</td> </tr> <tr> <td>12.b. Amount.</td> <td>\$30</td> </tr> </table>	11.a. Nature of such dealing.		Provides legal services		11.b. Approximate dollar value of such dealing.	\$30,000	12.a. Nature of interest held or income received.		Paper weight		12.b. Amount.	\$30
11.a. Nature of such dealing.													
Provides legal services													
11.b. Approximate dollar value of such dealing.	\$30,000												
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name John Keanneally OEL Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 711 North Commons Drive</p> <p>City Aurora</p> <p>State Illinois ZIP Code + 4 60504</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust <i>AKB</i></p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Local 25 contributes to the Fund for staff</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for expenses incurred to attend a Trust meeting</p> <hr/> <p>12.b. Amount. \$494</p>